X SUMMONS FOR WITNESS		DOCKET NUMBER	DOCKET NUMBER		Trial Court of Massachusetts District Court Department		
SESSION: CRIMINAL JUVENILE XXJURY MAGISTRATE HEARING				NAME AND ADDRESS OF COURT DIVISION		YOU MUST	
NAME, ADDRESS AND ZIP CODE OF DEFENDANT				Quincy District Court		APPEAR AT	
Commonwealth vs.				1 Dennis Ryan Parkway		THIS COURT ADDRESS	
Commonwealth vs.			Quincy, MA 02169 Presiding Justice: Hon. Mark S. Coven		ON THE DATE		
			DATE AND TIME OF APPEARANCE		AND TIME		
			8/21/2012		SPECIFIED HEREIN		
			at 8:45am				
			MTS/Jury Trial				
				DATE	TIME		
NAME, ADDRESS AND ZIP CODE OF WITNESS				OFFENSE(S)			
Sonja Farak				Dist. Counterfeit Drug			
Department of Public Health				Conspiracy School Zone			
Dept. of State Police				Dist. Class B			
Crime Laboratory Systems			Poss. To Distribute Counterfeit				
Amherst, MA 01003							
TO ANY PERSON AUTHORIZED TO SERVE CRIMINAL PROCESS IN THE COMMONWEALTH:  You are hereby commanded to forthwith serve the annexed summons upon the defendant or witness							
named within by delivering it to the defendant or witness personally, or by leaving it at the dwelling house							
or usual place of abode of the defendant or witness with some person of suitable and discretion then residing therein, or by mailing it to the last known address of the defendant or witness.							
NOTE: A summons for a witness may also be served by any person authorized to serve a summons							
in a civil action. See Rule 17(d)(1) of the Massachusetts Rules of Criminal Procedure.							
To the above named Witness:							
You are hereby required in the name of the Commonwealth, to make your appearance before							
the Justices of the Court on the date and time noted above, and to appear from time to time							
and day to day thereafter as ordered. You are further required to bring with you:							
and any to any more and the first term of the fi							
Please be on call and available to testify if needed, call ADA Pat Bulmer @							
617 472 7454 with any questions or concerns							
OTT 472 7434 With any questions of concerns							
	r			· · · · · · · · · · · · · · · · · · ·			
					DATE OF ISSUE		
WITNESS: Muhalle Morrison							
		<u> </u>					
	Michael V	V. Morrissey, District Attorney			December 3, 2016		
RETURN OF SERVICE							
I hereby certify that I served the within summons upon the above named Defendant Witness by							
, .,							
□ Delivering a copy of it personally to the defendant or witness.							
□ Leaving a copy of it at the dwelling house or usual place of abode of the defendant or witness with							
a person of suitable age and discretion residing therein.							
□ Mailing a copy of it to the last known address of the defendant or witness.							
□ I received the summons on but I was unable to make service							
DATE RECEIVED							
because:							
Decause						<del></del>	
DATE OF SERVICE   SIGNATURE OF PERSON MAKING SERVICE   TITLE OF PERSON MAKING SERVICE						<del>.</del> CF	
8/10/2012		Patrick F. Bulmer		ADA		~ <u></u>	
0/10/2012		i allich i . Dullilel		ANA			